

Upcoming Ethics Grand Rounds

Noon in Lipsett

- **Wednesday, December 1st** Who makes decisions for patients seen by multiple services
- **Wednesday, February 2nd** Making changes to the medical record
- **Wednesday, April 6th** Children and genetic test results

Unrelated Living Organ Donors: How Should They be Assessed?

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NIH Transplant Program

- The NIH kidney transplantation program conducts research on improving kidney transplant methods, particularly using new immune modulation techniques.
- Patients must be medically appropriate for transplantation, meet protocol inclusion criteria, and either present with a suitable living donor or be placed on the waiting list for a cadaveric organ (mean wait 6 years).

Risks to the Donor

- The removal of the kidney carries a 1/20,000 risk of mortality to the donor.
- Current data suggest healthy individuals who donate one kidney have essentially the same long term health prospects as individuals with two kidneys.

Psychosocial Assessment

- Standard practice for kidney transplantation includes a psychosocial assessment of the donors and recipients.
- The intensity and formality of the assessment depend on the perceptions and concerns of the clinical team.

Transplant Program Assessment

- The NIH kidney transplantation program does a psychosocial evaluation of donors and recipients, and a psychiatric evaluation of kidney donors who are unrelated to the recipient.
- A separate medical team sees the donor and recipient. The donor team does not comment on the recipient and the recipient team has no say over the donor evaluation.

The Donor Assessment

- The psychiatrist assesses the unrelated donor's medical and psychiatric histories, motivations for donation, and the nature of the donor's relationship to the recipient.
- The psychiatrist also assesses the unrelated donor's understanding of the risks, the anticipated future relationship with the recipient (if any), and how the donor might feel if the transplantation is unsuccessful.

Case 1

- Donor is a 51 year old single male who lost his job as an engineer in June, 2004.
- He developed a major depression (sadness, sleep and appetite changes, poor self-esteem, occasional thoughts that life was not worth living) for which his internist prescribed an antidepressant which led to partial improvement.

Donor History

- The donor reports that shortly after he lost his job and while he was still depressed, he read an advertisement from a 40 year old male in need of a kidney donor.
- After thinking about the advertisement for several weeks, the donor decided to donate as a way of doing something positive in his life.

Case 1 Assessment

- The donor does not meet criteria for depression but still has several depressive symptoms (no active suicidality).
- He understands the procedures and risks and is able to make a voluntary decision to donate. His stated motivation for the donation is to “do something good and feel better.”
- He denies receiving money, goods or services in exchange for his kidney.

Case 2

- Donor is a 45 year old single woman with a history of multiple brief and “intense” romantic involvements who reports having been sexually abused as a child.
- Recently she has been feeling more religious and has become active in her church.

Donor History

- The donor and recipient (also single) met at their church two months prior to the pre-transplantation evaluation.
- They each describe their relationship as platonic; the donor states, however, that it would be “nice if their relationship evolved into something more.”

Case 2 Assessment

- The donor does not meet criteria for any DSM-IV Axis I disorder, although she has several traits suggestive of a borderline personality disorder.
- She understands the procedures and risks and is able to make a voluntary decision to donate. She states that she is donating because “helping others, especially helping to save others’ lives, is the right thing, and the Christian thing to do.”
- She denies receiving money, goods or services in exchange for her kidney.

The Questions

- What factors beyond understanding and decisional capacity are relevant to determining whether an unrelated donor is suitable to donate?
- Do the donor's motivations matter? Should some motivations disqualify donors?
- Should the standards for whether donors are suitable be different for unrelated donors versus related donors?
- Does the fact that the donation will occur in the research setting affect who qualifies as a suitable donor or what constitutes an acceptable motive for donating?